

Clinical Image

Pulmonary Artery Aneurysm Partially Regressing With Medical Treatment in Behçet's Disease

Aneurisma de la arteria pulmonar con regresión parcial tras tratamiento médico en la enfermedad de Behçet

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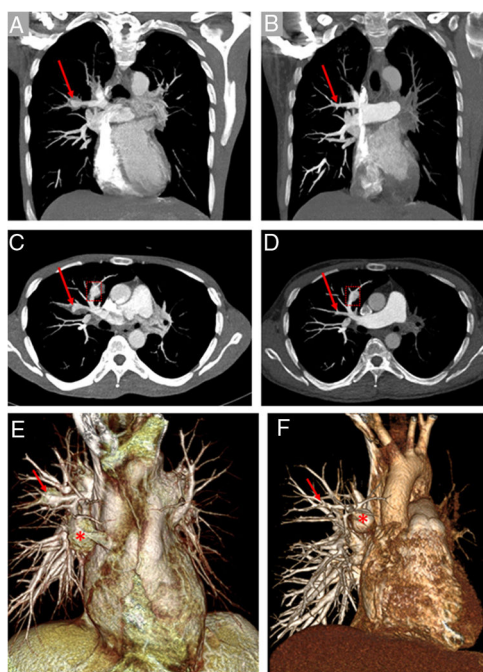


Fig. 1. In presentation, coronal (A) and axial (C) MIP thorax CT angiography scans reveal aneurysms in the anterior (frame) and posterior (arrow) segmentary pulmonary arteries of the right upper lobe. In control examination eight months after corticosteroid and intravenous cyclophosphamide treatment, coronal (B) and axial (D) MIP thorax CT angiography scans show complete resolution (arrow) of the aneurysm in the posterior segmentary pulmonary artery of the right upper lobe. Aneurysm (frame) in the anterior segmentary pulmonary artery shows persistently in CT angiographic images. In presentation (E) and control examination (F), anterior view 3D volume rendering CT images reveal clearly persistent (asterisk) and shrinking (arrow) aneurysms.

A 40-year-old male with Behçet's disease presented with complaints of cough, dyspnea, and intermittent hemoptysis. Maximum intensity projection (MIP) thorax computed tomography (CT) angiography scans revealed aneurysms in the anterior and posterior segmentary pulmonary arteries of the right upper lobe (Fig. 1A and C). Corticosteroids and intravenous cyclophosphamide treatment was applied to the patient. In control examination after eight months, thorax CT angiography scans showed complete resolution of the aneurysm in the posterior segmentary pulmonary artery of the right upper lobe (Fig. 1B and D). Aneurysm in the anterior segmentary pulmonary artery showed persistently in CT angiographic images. In presentation and control examination, anterior view 3D volume rendering CT images revealed clearly persistent and shrinking aneurysms (Fig. 1E and F).

Behçet's disease may cause pulmonary artery aneurysm. This complication is usually seen in men and can be fatal. Pulmonary artery involvement is seen in 10% of patients with Behçet's disease.^{1,2} Medical treatment with corticosteroids and cyclophosphamide showed an improvement of approximately 40–80% in 5-year survival.² If medical treatment is insufficient, surgical or interventional radiology treatments should be considered. Pulmonary artery aneurysm should be kept in mind in patients with Behçet's disease presenting with hemoptysis.

References

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2. Kage H, Goto Y, Amano Y, Makita K, Isago H, Kobayashi K, et al. Development of pulmonary artery aneurysms due to Behçet's disease and resolution after treatment. *Intern Med.* 2016;55:3337–40.

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